

Case Number:	CM14-0212853		
Date Assigned:	12/31/2014	Date of Injury:	04/18/2001
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 66-year-old woman with a date of injury of April 18, 2001. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic DVT with collateral circulations and new clots in the distended vessels; falls secondary to pain; anticoagulation for chronic DVT; failed back surgery syndrome history epidural fibrosis resulting in intractable low back and bilateral lower extremity neuropathic pain; new onset bradycardia; daytime somnolence; chronic opioid therapy; and disability. Pursuant to the progress reports dated November 17, 2014, the IW complains of intractable low back pain and bilateral lower extremity pain. The IW has a spinal cord stimulator in place, however, she developed recurrent DVTs that were sequelae to her back surgery due to a clotted Greenfield filter. She continues to have severe DVT's and collateral circulation now with clots despite anticoagulation. The IW reports her current analgesia is unsatisfactory. She reports severe pain despite MS Contin 100mg every 12 hours and Norco 1 to 2 tablets every 4 hours (10/day). Objectively, the IW ambulates with a cane, but is somewhat unsteady. A wheelchair has been denied. Examination of the torso and legs reveals distended vessels throughout the collateral circulation. There is no musculoskeletal examination documented. Current medications include MS Contin 100mg, Norco 10/325mg, Flexeril 10mg, Lunesta 3mg, Lexapro 10mg, Arixtra, and Protonix 40mg. The IW has been taking Flexeril, Norco, and MS Contin since June 20, 2014 according to a progress note with the same date. The documentation indicates these were refills. The start date of the current medications is not documented. There were no pain assessments in the medical record. There is no evidence of objective functional improvement associated with the

ongoing use of Flexeril, Norco, MS Contin, and Protonix. The current request is for Protonix 40mg #30 with 3 refills, Norco 10/325mg #300, and Flexeril 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Protonix 40mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Protonix Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment guidelines and the Official Disability Guidelines, Protonix 40 mg #30 with three refills is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65, history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or steroids; high-dose or multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are chronic DVT with collateral circulations and new clots in the distended vessels; falls secondary to pain; anticoagulation for chronic DVT; failed back surgery syndrome history epidural fibrosis resulting in him tractable low back and bilateral lower extremity neuropathic pain; new onset bradycardia; daytime somnolence; chronic opioid therapy; and disability. The medical record documentation indicates there is no documentation or history of gastrointestinal events. There is no history of peptic ulcer, G.I. bleeding or use of aspirin. The injured worker is not taking any nonsteroidal anti-inflammatory drugs. There is no documentation in the medical records support the ongoing use of Protonix. Consequently, absent clinical documentation to support the ongoing use of Protonix, Protonix 40 mg #30 with three refills is not medically necessary.

Norco 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #300 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany

ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are chronic DVT with collateral circulations and new clots in the distended vessels; falls secondary to pain; anticoagulation for chronic DVT; failed back surgery syndrome history epidural fibrosis resulting in him tractable low back and bilateral lower extremity neuropathic pain; new onset bradycardia; daytime somnolence; chronic opioid therapy; and disability. The documentation indicates the injured worker has been taking Norco 10/325 mg 10 tablets per day as far back as June 20, 2014. Additionally, the injured worker was taking MS Contin 60 mg that was subsequently increased (Date) to 100 mg. The documentation does not contain evidence of objective functional improvement nor does it account for the dual use of two opiates given concurrently. The most recent progress note from November 2014 does not contain the musculoskeletal physical examination. There are vital signs and a description of the distended vessels in the lower extremities. Consequently, absent clinical documentation to support the ongoing use of Norco 10/325#300 (10 tablets per day) given concurrently with MS Contin 100 mg Q 12 hours without evidence of objective functional improvement after long-term use, Norco 10/325#300 is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #90 is not medically necessary. Muscle relaxants are recommended as a short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic DVT with collateral circulations and new clots in the distended vessels; falls secondary to pain; anticoagulation for chronic DVT; failed back surgery syndrome history epidural fibrosis resulting in him tractable low back and bilateral lower extremity neuropathic pain; new onset bradycardia; daytime somnolence; chronic opioid therapy; and disability. The documentation in the medical record indicates the injured worker was taking Flexeril as far back as June 20, 2014. The documentation does not contain evidence of objective functional improvement. Additionally, Flexeril is indicated for short-term (less than two weeks). The treating physician has clearly exceed the recommended guidelines with the protracted course of Flexeril. The most recent progress note from November 2014 does not contain the musculoskeletal physical examination. There are vital signs and a description of the distended vessels in the lower extremities. Consequently, absent clinical documentation to support the ongoing use of Flexeril and evidence of objective functional improvement in excess of the recommended guidelines, Flexeril 10 mg #90 is not medically necessary.

